| ESAT Technical Instruction Document (TID) | | | | | | | | | | | | | | |
|---|-------------------|------------------|--------------|----------------|----------------|-----|------------------------------------|--------------------|---------------------------|------------------|----------|---------------|----|--|
| TID NO: | | 03940248 | | | | ESA | ESAT ZONE: I | | | | | | | |
| DAT | E: | 02/18/94 | | | | COI | CONTRACT NO: 68-D1-0158 | | | | | | | |
| COI | NTRACTOR A | ACCOUNT CODE: | | | | | | 3 | REGION | | ZMO | | HQ | |
| TID TYPE: | | PRIORITY | | TYPE OF PROGRA | | | EPA SITE ID/ACCOUNT NO.: TFA03N9ZZ | | | | | | | |
| х | Origina! | | High | Х | SARA | | CASE NO.(If Applicable): DE36 | | | | | | | |
| | Modification | х | Medium | | RCRA | | | | | | | | | |
| | No.: | | Low(Specify) | | Other(Specify) | | EPA SITE NAME: AMTRAK WRF | | | | | | | |
| APPLICABLE TASK AREA: | | | | | | | | | | | | | | |
| | (1)Analysis | X (2)Data Review | | | v | | (3)Administrative Support | | | (4)QA/QC Support | | | | |
| | (5)Other: | | | | | | | (6)Mar | nagement and Reporting | ng | • | | | |
| ESTIMATED HOURS REQUIRED: 26 | | | | | | | | | | | | | | |
| START DATE: 02/18/94 | | | | | | | | | COMPLETION DATE: 03/16/94 | | | | | |
| TAS | TASK DESCRIPTION: | | | | | | | | | | | | | |
| Review the inorganic data for Case DE36 which consists of 20 samples. Use IM2 level review procedures. Refer to SOPs for review procedures. Refer to the attached assignment sheets for specific information on this case. | | | | | | | | | | | | | | |
| SPECIFIC ELEMENTS: | | | | | | | | INTERIM DEADLINES: | | | | | | |
| 1. REVIEW DATA ACCORDING TO SPECIFIED PROCEDURES. 2. WRITE AND SUBMIT DATA VALIDATION REPORT TO RPO. 3. REVISE AS NECESSARY. 4. DISTRIBUTE APPROVED REPORT. 1. SUBMIT REPORT TO REGION 3 CRL FOR REVIEW AT LEAST ONE WEEK BEFORE COMPLETION DUE DATE. | | | | | | | | | | | | | | |
| SOP/METHOD AVAILABLE? X Yes | | | | | | | No | | ATTACHMENTS? | : | х | Yes | No | |
| SOP/METHOD NO.: NATIONAL FUNCTIONAL GUIDELINES, REGION 3. MODS, INNOVATIVE METHODS FOR DATA VALIDATION, CADRE GUIDANCE | | | | | | | | | | | | | | |
| REQUIRED REPORT FORM/FORMAT (Specify): | | | | | | | | | | | | | | |
| 1. STANDARD REGION 3 FORMAT. 2. REFER TO SOPS FOR REQUIRED REPORT FORMAT FOR VARIOUS DATA REVIEW LEVELS AS ASSIGNED. | | | | | | | | | | | | | | |
| RPO/PO APPROVAL: C. Caporal | | | | | | | | | | | | | | |
| TASK MONITOR: DIANN SIMS | | | | | | | | | PHONE: | (410) | 573-6848 | esponsive Pag | | |
| TID RECEIVED BY: | | | | | | | | _ | DATE: | 2/99 | <i>_</i> | | | |
| | | | | | | | | | 2/2 | 23/9 | 4 | | | |